

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584814

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	0				
2		0				
3		0				
4		0				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
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48						
49						
50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	34	4		5		4
TOTAL CLAIMS	35					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		4		3		3
TOTAL CLAIMS						